

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF ERIC HINES	COURT CASE NUMBER 17-2864 (NLH) -JS
DEFENDANT GARY M. LANIGAN ET AL.	TYPE OF PROCESS SUMMONS + COMPLAINT
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN	
MARCUS O. HICKS COMMISSIONER	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) WHITTLESEY RD.	
AT NJ DEPARTMENT OF CORRECTIONS TRENTON, NJ 08625	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

ERIC HINES # 663508/146993B SOUTH WOODS STATE PRISON 15 SOUTH BURLINGTON ROAD TRENTON, NJ 08625 CLERK OF DISTRICT COURT U.S. DISTRICT COURT DISTRICT OF NEW JERSEY RECEIVED 2020 DEC 22 10:41 AM	Number of process to be served with this Form - 285	1
	Number of parties to be served in this case	38
	Check for service on U.S.A.	✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of: Eric Hines	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER N/A	DATE 12/23/20
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 9/16	District of Origin No. 682	District to Serve No. 682	Signature of Authorized USMS Deputy or Clerk [Signature]	Date 8/16/20
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) Darlene Nichols - Admin	<input checked="" type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service 12/15/20
	Time 10:00 am
	Signature of U.S. Marshal or Deputy [Signature]

Service Fee 65	Total Mileage Charges (including endeavors) 3.80	Forwarding Fee	Total Charges 68.80	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	ERIC HINES		COURT CASE NUMBER	17-2864 (NLH) -JS
DEFENDANT	GARY M. LANIGAN ET AL.		TYPE OF PROCESS	SUMMONS + COMPLAINT
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
AT	WILLIE BONDS		WHITTLESEY ROAD	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		TRENTON, NJ 08625	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:				
<input type="checkbox"/> ERIC HINES #663508/146993B WOODS STATE PRISON SOUTH BURLINGTON ROAD GTON, NJ 08302			Number of process to be served with this Form - 285	1
			Number of parties to be served in this case	38
			Check for service on U.S.A.	✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

OFFICIAL CAPACITY

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
Eric Hines		N/A	12/23/20

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	15/16	No. 080	No. 050	[Signature]	8/18/20

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input checked="" type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Darlene Nichols - Admin.	Date of Service	Time
	12/19/20	10:00 am
Address (complete only if different than shown above)	Signature of U.S. Marshal or Deputy	
	[Signature]	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
65.	3.80		68.80			

REMARKS: